

## **MLC PROCESSING ACKNOWLEDGMENT FORM**

The collection of information on this Processing Acknowledgement Form (PAF) is required by the Privacy Act of 1974. The United States Postal Service (USPS) requires that each *FASTforward* licensee have a completed PAF for each of their customers prior to providing the service. The Licensee is also required by the USPS to retain a copy of the completed form for each of its customers and to obtain an updated PAF from each of its customers at minimum once per year. Any signature upon this PAF shall be considered valid for all purposes and have the same effect whether it is an ink-signed original or a photocopy or facsimile representation of the original document.

I, the undersigned, an authorized representative of:			
Company Name			
Address			
City/State/ZIP+4			
( ) –			
Telephone Number		Tax Identification N	umber (TIN)
Name (Please print)		Title	
Signature		Date	
do hereby acknowledge that I have red	ceived and reviewed the <i>FA</i> a <i>FASTfo</i>	<i>STforward</i> Inform	ation Package supplied to me by also understand that the sole purpose of the
FASTforward service is to provide a mailing list correction service for lists that will be used for preparation of mailings.			
FASTforward Licensee			
Business Name (Please print)			
Name (Please print)		Title	
Signature		Date	
( ) –			
Telephone Number		Tax Identification Number (TIN)	
☐ Broker/Agent ☐ List Administrator (Check applicable box)			
Business Name (Please print)			
Address		City/State/ZIP+4	
Name (Please print)		Title	
Signature		Date	
( ) –			
Telephone Number		Tax Identification Number (TIN)	
For Licensee Use Only			
Customer ID:	Broker/Agent ID:		List Administrator ID: